

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-025523

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317Primary Registration District No. 500Registrar's No. 1771

FILED JUN 20 1962

1. PLACE OF DEATH

a. COUNTY

Saint Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Normandy

Length of stay in 1b

27 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Normandy Osteopathic Hosp.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

St Louis

c. CITY

OR

TOWN

Jennings

Inside Limits

Yes ☒ No ☐

d. STREET

(If outside, give location)

ADDRESS

5467 Janet

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Conrad

Kuk

4. DATE
OF
DEATH

Month

June

Day

13,

Year

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

10-1-1891

9. AGE (last birthday)

71

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

salesman

10b. KIND OF BUSINESS OR INDUSTRY

Produce

11. BIRTHPLACE (City and state or country)

Austria

12. CITIZEN OF WHAT COUNTRY

U S A

13a. FATHER'S NAME

Unknown

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

Edna Kuk

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Edna Kuk - 5467 Janet Ave.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Coronary Occlusion

INTERVAL BETWEEN
ONSET AND DEATH

48 hr

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Arterio-sclerosis

unknown

DUE TO (c)

Atherosclerosis

unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from
Death occurred at5-2862
5:10 a.m.

to

6-13-62

and last saw her
him alive on

6-12-62

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

6-13-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

June

July 15, 1962

23c. NAME OF CEMETERY OR CREMATORY

Memorial Park

23d. LOCATION (City, town, or county)

St. Louis County

(State)

Missouri

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

6-14-62

26. REGISTRAR'S SIGNATURE

John. Murphy M.D.

BUCHHOLZ MORTUARY-5967 W. Florissant Ave

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

INSTEAD OF

DATE AMENDED

7/15/62

6/25/62

6/15/62

23b

BY AFFIDAVIT OF Funeral Director

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Walter H. Buckholz

Licensed Embalmer No. 4551

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

MISSOURI BOARD OF HEALTH - DIVISION OF PUBLIC HEALTH - ST. LOUIS, MO.